

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>09/19/00</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>9/21</i>
FORMALITY REVIEW	<i>C.Y.C.</i>	<i>56530</i>	<i>16-23-00</i>
RESPONSE FORMALITY REVIEW	<i>Request</i>	<i>925</i>	<i>03-26-00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
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50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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